



DEPARTMENT OF MILITARY  
AFFAIRS-ILLINOIS

Mail application to:  
DMAIL-State Personnel  
1301 N. MacArthur Blvd.  
Springfield, IL 62702-2399

EMPLOYMENT APPLICATION

**THIS APPLICATION IS FOR POSITIONS EXEMPT FROM THE PERSONNEL CODE. ILLINOIS NATIONAL GUARD MEMBERSHIP, ACTIVE OR RETIRED DEPENDING ON THE POSITION, IS A REQUIREMENT.** Complete this application in detail. Pencil copies of applications will not be accepted. Legible photocopies are accepted.

PLEASE TYPE OR PRINT

1. PRINT COMPLETE TITLE OF POSITION APPLIED FOR				LEAVE BLANK	
2. SOCIAL SECURITY NUMBER _____-_____-_____		3. BIRTH DATE (MM/DD/YY) Optional _____/_____/____		EXAM DATE _____/_____/____ (MM/DD/YY)	
3. LAST NAME _____		FIRST NAME _____		M _____	
4. STREET ADDRESS _____		COUNTY _____			
CITY _____		STATE _____		ZIP CODE _____	
				5. TELEPHONE NUMBER _____	
6. CITIZENSHIP; Check box below:  <input type="checkbox"/> U.S. Citizen  <input type="checkbox"/> Permanent Resident Alien Reg. No.: _____  <input type="checkbox"/> Non-Immigrant Alien Visa Type: _____		7. If your answer to any of the following questions is "Yes", attach a detailed statement.  Have you ever been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted for other than minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you taken the exam for this title in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently in default on the repayment of any State educational loan? <input type="checkbox"/> Yes <input type="checkbox"/> No  NOTE: State law provides that any employee who is in default on the repayment of any education loan for a period of 6 months or more and in the amount of \$600.00 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.			
8. TO BE ELIGIBLE FOR A MILITARY EXEMPT POSITION, CANDIDATES MUST COMPLETE THE FOLLOWING:  <input type="checkbox"/> Active member of Illinois Army or Air National Guard: _____ UNIT MOS/AFSC RANK/GRADE  <input type="checkbox"/> Retired member of Illinois Army or Air National Guard: _____ (Retired status requires 20 good years & retiring from UNIT MOS/AFSC RANK/GRADE DATE OF RETIREMENT ING. Attach NGB-22)  <input type="checkbox"/> Active Duty U.S. Armed Forces - eligible for Illinois National Guard Membership: _____ BRANCH MOS/AFSC RANK/GRADE					
9. WORK LOCATION PREFERENCE: List locations at which you will work.  1. _____  2. _____  3. _____			10. AVAILABILITY: (Select one)  A. <input type="checkbox"/> Available for permanent employment; will not accept temporary employment.  B. <input type="checkbox"/> Available for permanent employment; will accept temporary employment.  C. <input type="checkbox"/> Available for temporary employment only.		
DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY					
QUAL. _____ APPROVED BY _____ _____ REJECTED DATE _____					

**Department of Military Affairs**

List your education accurately and completely. Proof of education and training must be submitted at time of hire.

<b>11. HIGH SCHOOL GRADUATE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> CIRCLE NUMBER OF YEARS COMPLETED: 0 1 2 3 4 <b>GED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>																	
<b>12. DRIVERS LICENSE NUMBER</b>			STATE		MO/YR ISSUED		CURRENT		REST		NON-CDL			CDL		ENDR	
					/		Yes <input type="checkbox"/> No <input type="checkbox"/>				A B C D L M			A B		X N	
<b>13. BUSINESS/TRADE/CORRESPONDENCE SCHOOL NAME AND LOCATION</b>					FROM		TO		TIME		SUBJECTS			COURSE LENGTH		COMPLETED	
					MO	YR	MO	YR	FULL	PART							
<b>14. TECHNICAL/PROFESSIONAL LICENSE</b>			NUMBER				STATE IN WHICH ISSUED				DATE ISSUED			EXPIRATION DATE			
											MO YR			MO YR			
<b>15. NAMES OF COLLEGE/UNIVERSITIES ATTENDED</b>			TOTAL NO. HOURS EARNED				MAJOR		MINOR		DATES ATTENDED		TYPE OF DEGREE EARNED		DATE OF DEGREES		
			SEM HRS (OR) QTR		HRS (OR) UNITS						FROM TO						
Undergraduate:											MO YR	MO YR			MO YR		
											MO YR	MO YR			MO YR		
Graduate:											MO YR	MO YR			MO YR		
In the space below, list undergraduate and graduate courses for which you have received credit. For each subject area listed, indicate the number of credit hours. Do not include courses more than once.																	
FIELDS OF STUDY		UNDERGRAD		GRADUATE		FIELDS OF STUDY		UNDERGRAD		GRADUATE		FIELDS OF STUDY		UNDERGRAD		GRADUATE	
		SEM	QTR	SEM	QTR			SEM	QTR	SEM	QTR			SEM	QTR	SEM	QTR
Accounting						Entomology						Medical Records					
Actuarial Science						Environmental Health						Medical Technology					
Afro-American Studies						Epidemiology						Medicine					
Agriculture						Finance						Microbiology					
Agronomy						Epidemiology						Nursing					
Animal Science						Finance						Park Management					
Architecture						Fire Science						Pastoral Counseling					
Art						Fish Management						Pharmacy					
Atmospheric Science						Forensic Science						Physics					
Audio/Visual Instruction						Forestry						Political Science/Govt.					
Bacteriology						Game Management						Programming					
Biochemistry						Genetics						Psychology					
Biology						Geography						Public Administration					
Biostatistics						Geology						Radio-Television					
Botany						Guidance and Counseling						Recreation					
Business Administration/Mgmt						Arts						Risk Assessment					
Cell/Molecular Biology						Health/Public Health						Secretarial Science					
Chemistry						History						Social Work					
Computer Science						Humanities						Sociology					
Conservation						Human Services						Soil Science					
Criminal Justice Administration						Hydrology						Speech and Drama					
Criminology						Industrial Industrial Hygiene						Statistics					
Demography						Insurance						Therapy (specify)					
Divinity/Theology						Journalism						Toxicology					
Dietetics, Nutrition						Law (specify)						Urban Studies					
Economics						Law Enforcement						Wildlife Management					
Education (specify)						Library Science						Zoology					
Engineering (specify)						Limnology						Other:					
Engineering Technology						Management Information Systems											
Environmental Science						Marketing											
English						Mathematics											
													<b>Office Use Only</b> <b>Met:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				

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**16. Complete this section in detail. Begin with most recent payroll title and work backward. If additional space is needed, attach a separate sheet following the same format. Resumes must be in same format as the application. Place additional sheets/resumes inside the application. Include the following information: \*College internships/practicums successfully completed, \*\*Military experience including dates, listing each change in rank and title \*\*\*Related volunteer experience including dates and hours worked.**

CURRENT (OR LAST) EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ HOURS WORKED PER WEEK: _____ CURRENT SALARY: MONTH: _____ ANNUAL: _____			
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.				
<b>INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES.</b>	MANUAL/TRADES <input style="width: 50px; height: 30px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 50px; height: 30px;" type="text"/>	PROFESSIONAL <input style="width: 50px; height: 30px;" type="text"/>	ADMINISTRATIVE <input style="width: 50px; height: 30px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:				
_____				
_____				
_____				
_____				
_____				
REASON FOR LEAVING:				

EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ HOURS WORKED PER WEEK: _____ CURRENT SALARY: MONTH: _____ ANNUAL: _____			
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.				
<b>INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES.</b>	MANUAL/TRADES <input style="width: 50px; height: 30px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 50px; height: 30px;" type="text"/>	PROFESSIONAL <input style="width: 50px; height: 30px;" type="text"/>	ADMINISTRATIVE <input style="width: 50px; height: 30px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:				
_____				
_____				
_____				
_____				
_____				
REASON FOR LEAVING:				

EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ HOURS WORKED PER WEEK: _____ CURRENT SALARY: MONTH: _____ ANNUAL: _____			
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.				
<b>INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES.</b>	MANUAL/TRADES <input style="width: 50px; height: 30px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 50px; height: 30px;" type="text"/>	PROFESSIONAL <input style="width: 50px; height: 30px;" type="text"/>	ADMINISTRATIVE <input style="width: 50px; height: 30px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:				
_____				
_____				
_____				
_____				
_____				
REASON FOR LEAVING:				

**17. MILITARY EDUCATION**

List all your military education accurately and completely. Each application must be complete since applications previously submitted are not reviewed.

LIST ALL COURSES IN CHRONOLOGICAL ORDER STARTING WITH THE FIRST TO MOST CURRENT COURSE TAKEN

COURSE NAME	DATE OF COMPLETION	
	MONTH	YEAR

**•18.**

•State law requires that you furnish certain information about your child support obligations at the time you are hired. The possibility of employment is not affected by a child support obligation or default in payment.

•As a condition of employment, state law requires that “every male born on or after January 1, 1960, and less than 27 years old, shall submit documentation, at the time of appointment, evidencing his registration with the Federal Selective Service Program.”

•In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the American with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Military Affairs does not discriminate in employment, contracts, or any other activity. If you have a complaint, please contact the State Personnel Office at (217) 761-3633.

**19. I understand that I may be required to submit proof of previous employment, education, military service or other statements in this application. I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for state employment. I certify that the information on this application is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility or termination of employment.**

DATE

**WRITTEN SIGNATURE REQUIRED**

**EQUAL EMPLOYMENT OPPORTUNITY**

The State of Illinois is an Equal Opportunity Employer. We invite you to complete the following information. **Completion of this information is not required. Circle ONE letter.**

**FEMALE****A****MALE****G**

**White** not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

**B****H**

**African American** not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.

**C****J**

**Native American.** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community.

**D****K**

**Asian American.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

**E****L**

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

**REFERENCES**

Please provide references in the spaces provided below. These references may be checked prior to being employed with the Department of Military Affairs. Include name, title, address and phone number of each.

(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_